

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**
(Page)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTHELMINTIC FORMULATIONS

the specification of which

is attached hereto

was filed on _____ as United States Patent Application No. or PCT
International Application No. _____ and was amended on
(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b), of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designates at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed:

<u>Country</u>	<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>	<u>Priority Claimed (Yes unless box is checked)</u>
			<input type="checkbox"/>

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**
(Page 2)

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below

Application No. Filed (Day/Mo./Yr.)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>	Status <u>(Patented, Pending, Abandoned)</u>
------------------------	----------------------------	---

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (list name and registration numbers).

Lawrence Rosenthal, Reg. No. 24,377
Steven B. Pokotilow, Reg. No. 26,405
James J. DeCarlo, Reg. No. 36,120
Matthew W. Siegal, Reg. No. 32,941
David L. Schaeffer, Reg. No. 32,716

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**
(Page 3)

Send Correspondence to:

**STROOCK & STROOCK & LAVAN LLP
180 Maiden Lane
New York, New York 10038**

Direct Telephone Calls to: (name and telephone number)

(212) 806-5400

Full Name of Sole or First Inventor: Michael Burke

Inventor's signature: _____ Date: _____

Citizen/Subject of: _____

Residence: c/o Chanelle Pharmaceuticals
Athenry Road, Loughrea, County Galway, Ireland

Post Office Address: same as above

Full Name of Second Inventor, if any: Vinay Tripathi

Inventor's signature: _____ Date: _____

Citizen/Subject of: _____

Residence: c/o Chanelle Pharmaceuticals
Athenry Road, Loughrea, County Galway, Ireland

Post Office Address: same as above

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**
(Page 4)

Full Name of Third Inventor, if any Albert Ahn

Inventor's signature: _____ Date: _____

Citizen/Subject of: United States

Residence: 43 Talbot Court
Short Hills, New Jersey 07078

Post Office Address: same as above

Full Name of Fourth Inventor, if any Ian Cottrell

Inventor's signature: _____ Date: _____

Citizen/Subject of: United Kingdom

Residence: 10 Spencer Road
Basking Ridge, New Jersey 07920

Post Office Address: same as above

Full Name of Fifth Inventor, if any _____

Inventor's signature: _____ Date: _____

Citizen/Subject of: _____

Residence: _____

Post Office Address: _____